

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Oregon

SARAH HILL, individually and on behalf of those
similarly situated,*Plaintiff(s)*

v.

WILLAMETTE FALLS PAPER CO., INC.,

Defendant(s)

Civil Action No. 3:24-cv-01729-SI

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Willamette Falls Paper Co., Inc.
4800 Mill Street
West Linn, OR 97068

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Nathan R. Ring, Oregon State Bar No. 172663
E-mail: Nring@stranchlaw.com
Stranch, Jennings & Garvey, PLLC
3100 W. Charleston Blvd., Ste. 208
Las Vegas, NV 89102
Telephone: 725-235-9750

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 10/16/2024

MELISSA AUBIN, Clerk of Court

By: s/G. Davis, Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Willamette Falls Paper Co. Inc.
 was received by me on (date) 10/16/2024.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Registered Agent: Brian Korman, who is
 designated by law to accept service of process on behalf of (name of organization) Willamette Falls
Paper Co. Inc. on (date) 10/30/2024; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

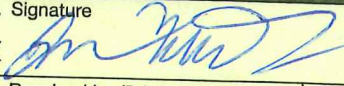
Date: 11/18/2024

Brandon L. Skolnik - Paralegal
 Server's signature

STRANCH, JENNINGS & GARVEY, PLLC
 THE FREEDOM CENTER
 223 ROSA L PARKS AVENUE, SECOND FLOOR
 NASHVILLE, TN 37203

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Willamette Falls Paper Co. Inc. Registered Agent: Brian Koner 4800 Mill Street West Linn, Oregon 97068</p>		<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 10/30/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1532 8012 61</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>	

9590 9402 9000 4122 2875 00

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt